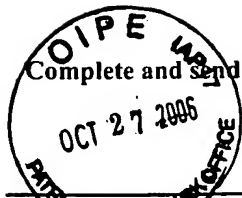


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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Karen DeSalvo	(Depositor's name)
<i>Karen DeSalvo</i>	(Signature)
October 25, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/809,820	03/25/2004	Jarmo Saaski	187-75	7809

TITLE OF INVENTION: ELECTRONIC WRIST DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/14/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GOODWIN, JEANNE M	2841	368-283000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Hoffmann & Baron, LLP

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Polar Electro Oy

(B) RESIDENCE: (CITY and STATE and COUNTRY)

FI-90440 Kempele, 005610001

10/30/2006 CNEG02 00000017 002461 10000000
 01 FC:1501 1400.00 DA
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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature

Charles R. Hoffmann

Date October 25, 2006

Typed or printed name

Charles R. Hoffmann

Registration No. 24,102

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